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James C. Kenney
Cabinet Secretary Designate

Jennifer J. Pruett
Deputy Secretary

Certified Mail - Return Receipt Requested

July 2, 2019

Mr. Kirk Patten
Chief of Fisheries Division
State of New Mexico
Department of Game & Fish
P.O. Box 25112
Santa Fe, New Mexico 87504

**RE: Seven Springs State Fish Hatchery; Minor; Individual Permit; SIC 0921; NPDES Compliance
Evaluation Inspection; NPDES # NM0030112; June 5, 2019**

Dear Mr. Patten:

Enclosed please find a copy of the report and check list for the referenced inspection that the New Mexico Environment Department (NMED) conducted at your facility on behalf of the U.S. Environmental Protection Agency (USEPA). This inspection report will be sent to the USEPA in Dallas for their review. These inspections are used by USEPA to determine compliance with the National Pollutant Discharge Elimination System (NPDES) permitting program in accordance with requirements of the Federal Clean Water Act.

Introduction, treatment scheme, and problems noted during this inspection are discussed in the Further Explanations section of the inspection report.

You are encouraged to review the inspection report, required to correct any problems noted during the inspection, and to modify your operational and/or administrative procedures, as appropriate. Further, you are encouraged to notify in writing both the USEPA and NMED regarding modifications and compliance schedules at the addresses below:

David Long
US Environmental Protection Agency, Suite 1200
Enforcement Branch (6EN-WS)
1445 Ross Avenue
Dallas, Texas 75202-2733

Sarah Holcomb, Program Manager
New Mexico Environment Department
Surface Water Quality Bureau
Source Regulation Section
P.O. Box 5469
Santa Fe, New Mexico 87502

Seven Springs State Fish Hatchery
July 2, 2019

If you have any questions about this inspection report, please contact Daniel Valenta at (505) 827- 2575 or at Daniel.Valenta@state.nm.us.

Sincerely,

/s/Sarah Holcomb

Sarah Holcomb
Surface Water Quality Bureau

Cc. Carol Peters-Wagnon, USEPA (6EN-WM) by e-mail
David Long, USEPA (6EN-WM) by e-mail
Amy Andrews, USEPA (6EN-WM) by e-mail
David Esparza, USEPA (6EN-WM) by e-mail
Darlene Whitten-Hill, USEPA (6EN-WC) by e-mail
John Rhoderick, NMED District I by e-mail
Nancy Williams, USEPA (6EN-WC) by e-mail
Samantha Ferguson, NMG&F by e-mail



Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code			NPDES								yr/mo/day					Inspec. Type		Inspector		Fac Type								
1	N	2	5	3	N	M	0	0	3	0	1	1	2	11	12	1	9	0	6	0	5	17	18	C	19	S	20	2
Remarks																												
S T A T E F I S H H A T C H E R Y																												
Inspection Work Days								Facility Evaluation Rating								BI		QA		Reserved								
67	0	0	1	69	70	4	71	N	72	N	73		74	75	M	i	n	o	r	80								

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)		Entry Time /Date 1100/6-5-2019		Permit Effective Date 4-1-2019	
STATE OF NEW MEXICO, DEPARTMENT OF GAME & FISH/ SEVEN SPRINGS STATE FISH HATCHERY, FROM FENTON LAKE APPROXIMATELY 2 MILES NORTH ON 126, P.O. BOX 25112, SANTA FE, NM 87504 SANDOVAL COUNTY		Exit Time/Date 1314/6-5-2019		Permit Expiration Date 3-31-2024	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) TONY JACOBSON, HATCHERY MANAGER, 575-829-3740/ fax 575-829-3740 JEFF LASKIE, ASSISTANT MANAGER, 575-829-3740/ fax 575-829-3740				Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number KIRK PATTEN/ CHIEF-FISHERIES DIVISION/ STATE OF NEW MEXICO, DEPARTMENT OF GAME & FISH, P.O. BOX 25112, SANTA FE, NEW MEXICO 87504, 505-476-8055				OUTFALL 001 35 55 33.70 N 106 42 21.18 W OUTFALL 002 35 55 34.42 N 106 42 17.82 W SIC Code 0921	
				Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	M	Flow Measurement	S	Operations & Maintenance	N	CSO/SSO
S	Records/Reports	M	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

1. SEE REPORT AND NARRATIVE.

Name(s) and Signature(s) of Inspector(s) DANIEL J. VALENTA /s/Daniel Valenta		Agency/Office/Telephone/Fax NMED/SWQB 505-827-2575		Date 7/1/2019	
Signature of Management QA Reviewer JENNIFER FOOTE /s/Jennifer Foote		Agency/Office/Phone and Fax Numbers NMED/SWQB 505-827-0596		Date 7/1/2019	

Seven Springs State Fish Hatchery		PERMIT NO. NM0030112	
SECTION A - PERMIT VERIFICATION			
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS DETAILS:		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u>)	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
4. ALL DISCHARGES ARE PERMITTED		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
SECTION B - RECORDKEEPING AND REPORTING EVALUATION			
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. DETAILS:		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>Yes</u>)	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
b) NAME OF INDIVIDUAL PERFORMING SAMPLING		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
c) ANALYTICAL METHODS AND TECHNIQUES		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
d) RESULTS OF ANALYSES AND CALIBRATIONS.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
e) DATES AND TIMES OF ANALYSES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
f) NAME OF PERSON(S) PERFORMING ANALYSES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
SECTION C - OPERATIONS AND MAINTENANCE			
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u>) DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED.		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA	
2. TREATMENT UNITS PROPERLY MAINTAINED.		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA	
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED . Standby Generator Available		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
5. ALL NEEDED TREATMENT UNITS IN SERVICE		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA	
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA	
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA	
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	

Seven Springs State Fish Hatchery		PERMIT NO. NM0030112
SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)		
9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
SECTION D - SELF-MONITORING		
PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS.		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>Yes</u>).
DETAILS:		
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.		WET test required before June 30 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
a) SAMPLES REFRIGERATED DURING COMPOSITING.		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
b) PROPER PRESERVATION TECHNIQUES USED.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT?		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
SECTION E - FLOW MEASUREMENT		
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS.		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>Yes</u>)
DETAILS:		
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
TYPE OF DEVICE Flow is monitored by measurement of flow over weir.		
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
4. CALIBRATION FREQUENCY ADEQUATE.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
RECORDS MAINTAINED OF CALIBRATION PROCEDURES.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6. HEAD MEASURED AT PROPER LOCATION.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
SECTION F – LABORATORY		
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS.		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>No</u>)
DETAILS:		
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES)		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

Seven Springs State Fish Hatchery						Permit No. NM0030112	
SECTION F - LABORATORY (CONT'D)							
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
4. QUALITY CONTROL PROCEDURES ADEQUATE.						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
5. DUPLICATE SAMPLES ARE ANALYZED. <u>10</u> % OF THE TIME.						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
6. SPIKED SAMPLES ARE ANALYZED. <u>0</u> % OF THE TIME.						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA	
7. COMMERCIAL LABORATORY USED.						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
LAB NAME <u>Huther & Associates, Inc.</u> Whole Effluent Toxicity <u>Scientific Laboratory Division</u> TSS							
LAB ADDRESS <u>1156 North Bonnie Brae</u> <u>700 Camino de Salud, NE</u>							
PARAMETERS PERFORMED <u>Denton, Texas 76201</u> <u>Albuquerque, NM 87196</u>							
SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u>).							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	no	no	no	no	no	White/gray	
002	no	no	no	no	no	White/grey	
RECEIVING WATER OBSERVATIONS <u>Discharge appeared to have a white/grey color. Settling ponds appeared the same.</u>							
SECTION H - SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. DETAILS:				<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>NO</u>).			
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.				<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA			
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503.				<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA			
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: _____ (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)							
SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED <u>NO</u>).							
1. SAMPLES OBTAINED THIS INSPECTION.				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA			
2. TYPE OF SAMPLE OBTAINED							
GRAB _____		COMPOSITE SAMPLE _____		METHOD _____		FREQUENCY _____	
3. SAMPLES PRESERVED.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
4. FLOW PROPORTIONED SAMPLES OBTAINED.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
7. SAMPLE SPLIT WITH PERMITTEE.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT.				<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA			

**Compliance Evaluation Inspection
Seven Springs State Fish Hatchery
NPDES Permit #NM0030112, July 5, 2019**

Introduction

On June 5, 2019 a Compliance Evaluation Inspection (CEI) was conducted at the State of New Mexico/Seven Springs State Fish Hatchery located 2 miles north of Fenton Lake, New Mexico by Daniel Valenta and Sandra Gabaldon of the New Mexico Environment Department (NMED). The Seven Springs State Fish Hatchery has a average flow of 0.8238 MGD, and is classified as a minor industrial discharger under the federal Clean Water Act, Section 402 National Pollutant Discharge Elimination System (NPDES) permit program and is assigned permit # NM0030112.

This permit allows discharges to receiving waters named Rio Cebolla, thence to the Jemez River, thence to the Rio Grande, in Segment No. 20.6.4.108 NMAC of the Rio Grande Basin. Designated uses of Water Quality Segment 20.6.4.108 are domestic water supply, fish culture, high quality coldwater aquatic life, irrigation, livestock watering, wildlife habitat and secondary contact.

The NMED performs a certain number of CEI's for the U.S. Environmental Protection Agency (USEPA) each year. The purpose of this inspection is to provide USEPA with information to evaluate the permittee's compliance with the NPDES permit. This report is based on review of files maintained by the permittee and NMED, on-site observation by NMED personnel, and verbal information provided by the permittee's representatives.

An entrance interview was conducted with Mr. Jeff Laskie Assistant Manager, at approximately 1100 hours on June 5, 2019. The inspectors made introductions, presented their credentials and discussed the purpose of the inspection. An exit interview to discuss the preliminary findings of this inspection was conducted at approximately 1314 hours on June 5, 2019 with Mr. Laskie at the hatchery office.

Treatment Scheme

On site are two kids fishing ponds and one solids sediment pond. The water source for this hatchery is from natural springs, which flow through the facility to the kids ponds or to the settling pond thence to the Rio Cebolla. Nitrogen gas is flushed from the incoming spring water and oxygen added. The Facility has two permitted outfalls. Outfall 001 is a square weir box that flows to the settling pond and then to the Rio Cebolla. Or the water can be channeled to the kids fishing ponds and then to the Rio Cebolla, outfall 002.

The facility only raises small Rio Grande cutthroat fingerlings for stocking. The mature brood stock is kept in large tanks with circulating water in enclosed shelters. The hatchery is responsible for production and distribution of native Rio Grande cutthroat trout, the New Mexico's State Fish. The estimated annual rate of production is around 4,000 pounds. The trout are hatched out at the facility and released to the wild as young trout. Although not listed as threatened or endangered, the Rio Grande cutthroat trout is considered a candidate for federal protection under the Endangered Species Act. Ongoing restoration efforts by the Department of Game and Fish are focused on expanding existing populations and keeping the popular game fish off endangered species lists. The Rio Grande cutthroat inhabits about 84 streams in northern New Mexico. Its occupied habitat is about 11 percent of its historic range.

**Compliance Evaluation Inspection
Seven Springs State Fish Hatchery
NPDES Permit #NM0030112, June 5, 2019**

Further Explanations

Section D – Self-Monitoring “Marginal”

Section III.C.5.A: Overall rating of “Marginal” MONITORING PROCEDURES

Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit or approved by the Regional Administrator.

Table FS1000-4

40 CFR Part 136 TABLE II: Required Containers, Preservation Techniques, and Holding Times*
Applicable to all Non-Potable Water Samples (includes wastewater, surface water, and groundwater)

Parameter No./Name (refers to parameter number on Tables IA,B, C, D,E, F, G & H as noted)	Container ¹	Preservation ^{2, 3}
35. Mercury (CVAA)	P, FP, G	HNO ₃ to pH<2
35. Mercury (CVAFS)	FP, G; and FP-lined cap	5 mL/L 12N HCl or 5 mL/L BrCl ¹⁷
3, 5–8, 12, 13, 19, 20, 22, 26, 29, 30, 32–34, 36, 37, 45, 47, 51, 52, 58–60, 62, 63, 70– 72, 74, 75. Metals, except boron, chromium VI, and mercury.	P, FP, G	HNO ₃ to pH<2, or at least 24 hours prior to analysis ¹⁹
Table IB—Inorganic Tests (continued):		
38. Nitrate	P, FP, G	Cool, ≤6 °C ¹⁸
39. Nitrate-nitrite	P, FP, G	Cool, ≤6 °C ¹⁸ , H ₂ SO ₄ to pH<2
40. Nitrite	P, FP, G	Cool, ≤6 °C ¹⁸
41. Oil and grease	G	Cool, ≤6 °C ¹⁸ , H ₂ SO ₄ to pH<2
42. Organic Carbon	P, FP, G	Cool, ≤6 °C ¹⁸ H ₂ SO ₄ , or H ₃ PO ₄ to pH<2.
44. Orthophosphate	P, FP, G	Cool, ≤6 °C ¹⁸ , ²⁴
46. Oxygen, Dissolved Probe	G, Bottle and top	None required.
47. Winkler	G, Bottle and top	Fix on site and store in dark
48. Phenols	G	Cool, ≤6 °C ¹⁸ , H ₂ SO ₄ to pH<2
49. Phosphorous (elemental)	G	Cool, ≤6 °C ¹⁸
50. Phosphorous, total	P, FP, G	Cool, ≤6 °C ¹⁸ , H ₂ SO ₄ to pH<2
53. Residue, total	P, FP, G	Cool, ≤6 °C ¹⁸
54. Residue, Filterable	P, FP, G	Cool, ≤6 °C ¹⁸
55. Residue, Nonfilterable (TSS)	P, FP, G	Cool, ≤6 °C ¹⁸
56. Residue, Settleable	P, FP, G	Cool, ≤6 °C ¹⁸
57. Residue, Volatile	P, FP, G	Cool, ≤6 °C ¹⁸
61. Silica	P or Quartz	Cool, ≤6 °C ¹⁸
64. Specific conductance	P, FP, G	Cool, ≤6 °C ¹⁸
65. Sulfate	P, FP, G	Cool, ≤6 °C ¹⁸
66. Sulfide	P, FP, G	Cool, ≤6 °C ¹⁸ , add zinc acetate plus sodium hydroxide to pH>9

**Compliance Evaluation Inspection
Seven Springs State Fish Hatchery
NPDES Permit #NM0030112, June 5, 2019**

Finding:

The permit requires sampling and testing for TSS be completed twice a month. Per 40 CFR 136 the sample must be cooled and kept at less than 6 degree Celsius until the sample is tested. If the sample is not kept at less than 6 degree Celsius it becomes an invalid sample and cannot be used for NPDES requirements. See samples submitted in January and March of 2019 attachment 1.

Flow Measurement: Overall rating of “Marginal”

Permit requires, in Part III.C.6

“Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to ensure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than 10% from true discharge rate throughout the range of expected discharge volumes.”

Finding:

Discharge is measured at Outfall 001 using a 1.88 meter Contracted Rectangular Weir. Outfall 002 uses a .97 meter Contracted Rectangular Weir. To measure the head at each of these a ruler is placed at an installed bench behind the weir. To ensure the weir is still operating as designed a zero calibration should be performed if possible to ensure the measurement bench has not been disturbed and the weir is still level.

**NMED/SWQB
Official Photograph Log**

Photo # 1

Photographer: Daniel Valenta	Date: June 5, 2019	Time: 1214 hours
City/County: Jemez Springs/Sandoval County		
Location: 346 Forest Road 314,		
Subject: Brood stock tanks.		



**NMED/SWQB
Official Photograph Log**

Photo # 2

Photographer: Daniel Valenta	Date: Jun5, 2019	Time: 1221 hours
City/County: Jemez Springs/Sandoval County		
Location: 346 Forest Road 314,		
Subject: Outfall 001		



**NMED/SWQB
Official Photograph Log**

Photo # 3

Photographer: Daniel Valenta	Date: Jun5, 2019	Time: 1218 hours
City/County: Jemez Springs/Sandoval County		
Location: 346 Forest Road 314,		
Subject: Settling pond next to the Rio Cebolla.		



**NMED/SWQB
Official Photograph Log**

Photo # 4

Photographer: Daniel Valenta	Date: Jun5, 2019	Time: 1229 hours
City/County: Jemez Springs/Sandoval County		
Location: 346 Forest Road 314,		
Subject: Fishing pond outfall to the Rio Cebolla..		



**NMED/SWQB
Official Photograph Log**

Photo # 5

Photographer: Daniel Valenta	Date: Jun5, 2019	Time: 1233 hours
City/County: Jemez Springs/Sandoval County		
Location: 346 Forest Road 314,		
Subject: The Rio Cebolla.		



Attachment 1

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

Request ID Label #199

2522930

One Form
Per SampleScientific Laboratory Division
1101 Camino de Salud NE
Albuquerque, NM 87102
Phone (505) 383-9000One Form
Per Sample

CHEMISTRY WC

2019007007

LAB
USE>>>
ONLY

DATE

<<<TIME

Sample Temperature (°C): 7.3

Remarks:

☐ Field preservation confirmed☐ Preserved to pH < 2 at Lab

Date/Initial:

2019 MAR 20

AM 10:00

SUBMITTER CODE/DESCRIPTION: SSH Seven Springs Hatchery

☐ USER CODE 30120 (ABCWUA) ☐ 55000 (NMED-DWB) ☐ 55410 (NMED-GWQB) ☐ 64000 (Individual client fee-for-service) ☐ 55910 (NMED-SWQB) SAMPLE PRIORITY (call lab if 1/2): 3☐ OTHER USER CODE (Select one): 70402 NM Game & Fish - Fed. Grant

SAMPLER NAME (Last): Laskle

(First): Jeff

SAMPLER ID #:

CONTACT PHONE #: 575-829-3740

WSS ID # (xxxxxxxx):

WSS NAME:

FACILITY/LOCATION: 001

FACILITY ID:

SAMPLING PT. ID:

☐ New / Change Address for Submitter ----->

Name:

☐ New / Change Address for WSS / Client ----->

Address, with ZIP:

☐ Attention To: ----->

FIELD DATA

AND
REMARKS☒ Non-chlorinated☐ Chlorinated

Residual (mg/l):

pH:

Conductivity (µS/cm):

Temperature (°C):

Field remarks:

SAMPLING
DOCUMENTATION☐ NMED monitoring☐ Compliance☐ Pb & Cu - Compliance☐ Non-compliance☐ Split with facility☒ Grab sample☐ Confirmation☐ Composite☐ Other, Describe:SAMPLE
TYPE☐ Water☐ Finished water☐ Filtered water☒ Non-filtered water☐ Raw Water☐ Soil/Sediment☐ Sludge☐ Swipe/Smear☐ Air sample☐ Blood☐ Tissue☐ Urine☐ Filter☐ Other, Describe:PRESERVATION
OR ACID/BASE
ADDED☒ None☐ Lab to acidify☐ Shipped at < 4 C☐ Hydrochloric acid☐ Nitric acid☐ Sulfuric acid☐ Ascorbic acid☐ Maleic acid☐ Sodium thiosulfate☐ Ammonium chloride☐ Sodium hydroxide☐ Other, Describe:

A&M ANALYSES LIST

WC ANALYSES LIST

TSS (SM 2540D Total Suspended Solids - TSS)

OR ANALYSES LIST

RC ANALYSES LIST

CTAR ANALYSES LIST

ADDITIONAL ANALYSES

DATE COLLECTED (MM-DD-YY): 03-20-19

TIME COLLECTED (HH:MM 24-hr): 08:29

Please use this CHAIN OF CUSTODY FORM to record transfer

The sample identified on this request form & sample container, was collected at the date & time shown in the form fields above; by the sampler listed above, and was transferred with a tamper-proof seal.....

By (print): Jeff Laskle

Signed: [Signature]

On Shipping
ContainerPresent
& IntactNot
PresentPresent &
Damaged☐☐☒☐

The sample identified on this form & container was accepted either at the DATE/TIME STAMP shown in the top left of this form, or at the date & time shown below (by the non-lab person below), and with a tamper-proof seal

By (print): Susan Thomson

Signed: [Signature]

Date:

Time:

☐☐☒☐

The sample identified on this form & container was accepted either at the DATE/TIME STAMP shown in the top left of this form, or at the date & time shown below (by the person below), and with a tamper-proof seal

By (print):

Signed:

Date:

Time:

☐☐☐☐

Print Form

SLD DCS Form 104 version 6.1 (April 2018)

Reset Form

NEW MEXICO DEPARTMENT OF HEALTH

CHEMISTRY BUREAU

ANALYTICAL REQUEST FORM (INTERACTIVE)

REQUEST ID Label R#181

2522111

One Form
Per SampleScientific Laboratory Division
1101 Camino de Salud NE
Albuquerque, NM 87102
Phone (505) 383-9000One Form
Per Sample

CHEMISTRY WC

2019000097

4B
SE>>>
ONLY

DATE
TIME
STAMP

Sample Temperature (°C): 8.1

Remarks: Neutral

Field preservation confirmed

Preserved to pH < 2 at Lab

Date/Initial: JAN 03 2019

SUBMITTER CODE/DESCRIPTION: SSH Seven Springs Hatchery SAMPLE PRIORITY (call lab if 1/2): 3

USER CODE 30120 (ABCWUA) 53000 (NMED-DWB) 55410 (NMED-GWQB) 64000 (Individual client fee-for-service) 55910 (NMED-SWQB)

OTHER USER CODE (Select one): 70402 NM Game & Fish - Fed. Grant

SAMPLER NAME (Last): Kosaliko (First): Joe SAMPLER ID #: CONTACT PHONE #: 575-829-3740

WSS ID # (xxxxxxxx): WSS NAME:

FACILITY/LOCATION: 002 FACILITY ID: SAMPLING PT. ID:

New / Change Address for Submitter -----> Name:

New / Change Address for WSS / Client -----> Address, with ZIP:

Attention To: ----->

FIELD DATA AND REMARKS

☒ Non-chlorinated ☐ Chlorinated Residual (mg/l): pH: Conductivity (µS/cm): Temperature (°C):

Field remarks:

SAMPLING DOCUMENTATION

☒ NMED monitoring ☐ Compliance ☐ Pb & Cu - Compliance ☐ Non-compliance ☐ Split with facility ☒ Grab sample
☐ Confirmation ☐ Composite ☐ Other, Describe:

SAMPLE TYPE

☐ Water ☐ Finished water ☐ Filtered water ☒ Non-filtered water ☐ Raw Water ☐ Soil/Sediment ☐ Sludge
☐ Swipe/Smear ☐ Air sample ☐ Blood ☐ Tissue ☐ Urine ☐ Filter ☐ Other, Describe:

PRESERVATION OR ACID/BASE ADDED

☒ None ☐ Lab to acidify ☐ Shipped at < 4 C ☐ Hydrochloric acid ☐ Nitric acid ☐ Sulfuric acid ☐ Ascorbic acid ☐ Maleic acid
☐ Sodium thiosulfate ☐ Ammonium chloride ☐ Sodium hydroxide ☐ Other, Describe:

A&M ANALYSES LIST

WC ANALYSES LIST TSS (SM 2540D Total Suspended Solids - TSS)

OR ANALYSES LIST

RC ANALYSES LIST

CTAR ANALYSES LIST

ADDITIONAL ANALYSES

DATE COLLECTED (MM-DD-YY): 1-3-19

TIME COLLECTED (HH:MM 24-hr): 0815

Please use this CHAIN OF CUSTODY FORM to record transfer

	On Shipping Container	Present & Intact	Not Present	Present & Damaged
The sample identified on this request form & sample container, was collected at the date & time shown in the form fields above, by the sampler listed above, and was transferred with a tamper-proof seal.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The sample identified on this form & container was accepted either at the DATE/TIME STAMP shown in the top left of this form, or at the date & time shown below (by the non-lab person below), and with a tamper-proof seal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The sample identified on this form & container was accepted either at the DATE/TIME STAMP shown in the top left of this form, or at the date & time shown below (by the person below), and with a tamper-proof seal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

By (print): Tony Jacobson Signed: [Signature] Date: [Blank] Time: [Blank]

By (print): huck Gabbert Signed: [Signature] Date: [Blank] Time: [Blank]

By (print): JOSEPH PIERO Signed: [Signature] Date: JAN 03 2019 Time: 1534

Print Form

SLD DCS Form 104 version 6.0 (March 2017)

Reset Form